

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36831**

Dr. Bartlett
FILED NOV 1 1957

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. **6907** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Rt 1	

3. NAME OF DECEASED (Type or Print) a. (First) J b. (Middle) M c. (Last) Lee		4. DATE OF DEATH (Month) (Day) (Year) 8-9-57	
5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH unknown abt 85
9. AGE (In years, Months, Days, Hours, Min.) abt 85		10. CITIZEN OF WHAT COUNTRY? USA	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (City and State or Foreign Country) Tenn	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Charles McLean	ADDRESS Steele, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis ANTECEDENT CAUSES Aetiological conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal Failure DUE TO (c) Acute Prostatitis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D.O.A.		INTERVAL BETWEEN ONSET AND DEATH Immediate 2 weeks Several months
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 611X	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1957** to **Aug. 1957**, that I last saw the deceased alive on **Aug 8, 1957**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert Bartlett	23b. ADDRESS D.O. Steele, Mo.	23c. DATE SIGNED 8/11/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 8-9-57	24c. NAME OF CEMETERY OR CREMATORY Burdett	24d. LOCATION (City, town, or county) (State) Burdett Ark
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DATE REC'D BY LOCAL REG. 10/30/57	REGISTERAR'S SIGNATURE L. J. O'Brien	25. FUNERAL DIRECTOR'S SIGNATURE Burial Home	ADDRESS Ark
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-30557

OCT 30 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.